## **Rate Floor Data**

			TA COLLECT	ION - OMB Co	ntrol Number	3060-0986	
Block 1	- Contact Inform	nation					
ROW #		DATA ELEMENT		FORMAT OF REQUESTED DATA	RESPONSE		
1	Carrier Study Area	Code		6 numeric digits	170151		
2	Carrier Study Area			alpha characters	Windstream Buffalo Valley, Inc.		
3		lentification Number		9 numeric digits		143030766	
4		Service Charge Ef		mm/dd/yyyy	06/07/2005		
5	Contact Name			alpha characters	Jeff Heacox		
6	Contact Telephone	Number (include a	rea code)	9 numeric digits	(501) 748-5390		
7	Sheet number				1		
8	Total Number of SI	neets		numeric digit(s) numeric digit(s)	1		
		Block 2 - Re	esidential Local	Service Rates, Fee	es, and Line Cour	nts was being a series	
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops		
9	\$ 10.00	\$ -	\$ -	\$ -	824		
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## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION ON ITS OWN BEHALF:

## Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify, that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Windstream Buffalo	Valley, Inc.						
Signature of Authorized Officer	De P. H	Date	6/20/2013					
Printed name of Authorized Officer	Timothy P. Loken							
Title or position of Authorized Officer	Director - Regulatory Reporting							
Telephone number of Authorized Officer: (501) 748 - 7442, ext.								
Study Area Code of Reporting Carrier	170151	(mm/dd/yyyy)	07/01/2013					

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.